Company Tracking Number: CW ML 28033

TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied

Lines

Product Name: Property Basket Coverage Endorsement, Supplemental Schedule, Rules and Rating Plan

Project Name/Number: /CW ML 28033

### Filing at a Glance

Companies: American Zurich Insurance Company, American Guarantee and Liability Insurance Company, Fidelity and Deposit Company of Maryland, Zurich American Insurance Company of Illinois, Zurich American Insurance Company

Product Name: Property Basket Coverage SERFF Tr Num: ZURC-125934366 State: Arkansas

Endorsement, Supplemental Schedule, Rules

and Rating Plan

TOI: 01.0 Property SERFF Status: Closed State Tr Num: EFT \$50

Sub-TOI: 01.0001 Commercial Property (Fire Co Tr Num: CW ML 28033 State Status: Fees verified and

and Allied Lines) received

Filing Type: Form Co Status: Not Applicable Reviewer(s): Betty Montesi,

Llyweyia Rawlins

Author: Shierra Avila Disposition Date: 12/10/2008

Date Submitted: 12/09/2008 Disposition Status: Approved

Effective Date Requested (New): 04/01/2009 Effective Date (New): 04/01/2009

Effective Date Requested (Renewal): 04/01/2009 Effective Date (Renewal):

04/01/2009

State Filing Description:

### **General Information**

Project Name: Status of Filing in Domicile: Pending

Project Number: CW ML 28033 Domicile Status Comments:

Reference Organization: Reference Number:

Reference Title: Advisory Org. Circular:

Filing Status Changed: 12/10/2008

State Status Changed: 12/10/2008 Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

In accordance with the filing requirements of your state, we hereby submit for your review and and approval the endorsements, schedules, rules and rating plan that comprise the Commercial Property Basket Program on behalf of the above referenced companies.

Company Tracking Number: CW ML 28033

TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied

Lines

State of Domicile: New York

Product Name: Property Basket Coverage Endorsement, Supplemental Schedule, Rules and Rating Plan

Project Name/Number: /CW ML 28033

This new program contains two schedules, the Basic Limit Option and the Plus Limit Option.

The Basic Limit Option replaces the old Commercial Property Basket Filing. The Basic Limit Option will remove the maximum premium constraint. The Basic Limit Option will have no impact on current insureds as we no longer have policies with the endorsement.

The Plus Limit Option is a new coverage option that contains similar coverages as the Basic Limit Option but it has higher limits for select coverages.

This product was created to provide two options for coverages that are commonly elected by commercial insureds with property risks. The coverage endorsement attaches to the ISO Building and Personal Property Coverage form, Causes of Loss Special Form and Business Income and Extra Expense Coverage form (if BI&EE is purchased).

### **Company and Contact**

### **Filing Contact Information**

Shierra Avila, Filing Analyst shierra.1.avila@zurichna.com 1400 American Lane (847) 706-2956 [Phone] Schaumburg, IL 60196 (847) 605-7768[FAX]

**Filing Company Information** 

American Zurich Insurance Company CoCode: 40142 State of Domicile: Illinois

1400 American LaneGroup Code: 212Company Type:Schaumburg, IL 60196Group Name:State ID Number:

(847) 605-6000 ext. [Phone] FEIN Number: 36-3141762

-----

American Guarantee and Liability Insurance CoCode: 26247

Company

1400 American LaneGroup Code: 212Company Type:Schaumburg, IL 60196Group Name:State ID Number:

(847) 605-6000 ext. [Phone] FEIN Number: 36-6071400

-----

Fidelity and Deposit Company of Maryland CoCode: 39306 State of Domicile: Maryland

Company Tracking Number: CW ML 28033

TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied

Lines)

Product Name: Property Basket Coverage Endorsement, Supplemental Schedule, Rules and Rating Plan

Project Name/Number: /CW ML 28033

1400 American Lane Group Code: 212 Company Type: Schaumburg, IL 60196 Group Name: State ID Number:

(847) 605-6000 ext. [Phone] FEIN Number: 13-3046577

-----

Zurich American Insurance Company of Illinois CoCode: 27855 State of Domicile: Illinois

1400 American LaneGroup Code: 212Company Type:Schaumburg, IL 60196Group Name:State ID Number:

(847) 605-6000 ext. [Phone] FEIN Number: 36-2781080

-----

Zurich American Insurance Company CoCode: 16535 State of Domicile: New York

1400 American LaneGroup Code: 212Company Type:Schaumburg, IL 60102Group Name:State ID Number:

(847) 605-6000 ext. [Phone] FEIN Number: 36-4233459

\_\_\_\_\_

SERFF Tracking Number: ZURC-125934366 State: Arkansas
First Filing Company: American Zurich Insurance Company, ... State Tracking Number: EFT \$50

Company Tracking Number: CW ML 28033

TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied

Lines)

Product Name: Property Basket Coverage Endorsement, Supplemental Schedule, Rules and Rating Plan

Project Name/Number: /CW ML 28033

### **Filing Fees**

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No

Fee Explanation: AR fee of \$50 per filing

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Zurich Insurance Company	\$0.00	12/09/2008	
American Guarantee and Liability Insurance	\$0.00	12/09/2008	
Company			
Fidelity and Deposit Company of Maryland	\$0.00	12/09/2008	
Zurich American Insurance Company of Illinois	\$0.00	12/09/2008	
Zurich American Insurance Company	\$50.00	12/09/2008	24412418

Company Tracking Number: CW ML 28033

TOI: 01.00 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied

Lines)

Product Name: Property Basket Coverage Endorsement, Supplemental Schedule, Rules and Rating Plan

Project Name/Number: /CW ML 28033

### **Correspondence Summary**

### **Dispositions**

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	12/10/2008	12/10/2008

SERFF Tracking Number: ZURC-125934366 State: Arkansas
First Filing Company: American Zurich Insurance Company, ... State Tracking Number: EFT \$50

Company Tracking Number: CW ML 28033

TOI: 01.00 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied

Lines)

Product Name: Property Basket Coverage Endorsement, Supplemental Schedule, Rules and Rating Plan

Project Name/Number: /CW ML 28033

### **Disposition**

Disposition Date: 12/10/2008 Effective Date (New): 04/01/2009 Effective Date (Renewal): 04/01/2009

Status: Approved

Comment:

Rate data does NOT apply to filing.

**Overall Rate Information for Multiple Company Filings** 

Overall Percentage Rate Indicated For This Filing 0.000%

Overall Percentage Rate Impact For This Filing 0.000%

Effect of Rate Filing-Written Premium Change For This Program \$0

Effect of Rate Filing - Number of Policyholders Affected 0

SERFF Tracking Number: ZURC-125934366 State: Arkansas
First Filing Company: American Zurich Insurance Company, ... State Tracking Number: EFT \$50

Company Tracking Number: CW ML 28033

TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied

Lines)

Product Name: Property Basket Coverage Endorsement, Supplemental Schedule, Rules and Rating Plan

Project Name/Number: /CW ML 28033

Item Type	Item Name	Item Status	<b>Public Access</b>
Supporting Document	Uniform Transmittal Document-Property	/ &Approved	Yes
0	Casualty		
Supporting Document	MEMO	Approved	Yes
Form	Property Basket Coverage Endorsement	nt Approved	Yes
	Supplement Schedule - Plus		
Form	Property Basket Coverage Endorsement	nt Approved	Yes

Company Tracking Number: CW ML 28033

TOI: 01.00 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied

Lines)

Product Name: Property Basket Coverage Endorsement, Supplemental Schedule, Rules and Rating Plan

Project Name/Number: /CW ML 28033

### Form Schedule

Review	Form Name	Form #	Edition	Form Type Action	<b>Action Specific</b>	Readability	Attachment
Status			Date		Data		
Approved	Property Basket Coverage Endorsement Supplement Schedule - Plus	U-GU-D- 640-A CW		Endorseme New nt/Amendm ent/Conditi ons		0.00	U-GU-D- 640-A CW Plus.pdf
Approved	Property Basket Coverage Endorsement Supplement Schedule - Basic	635-B CV		Endorseme Replaced nt/Amendm ent/Conditi ons	Replaced Form # U-GU-D-635-A CW (04 05) Previous Filing # AR-PC-05- 015380		U-GU-D- 635-B CW Basic.pdf

# **Property Basket Coverage Endorsement Supplement Schedule - Plus**



This Schedule is used in conjunction with the Commercial Property Coverage Part Declarations when the Commercial Property Coverage Part includes the Property Basket Coverage Endorsement. This Schedule supplements the Commercial Property Coverage Part Declarations.

Additional Coverages and Coverage Extensions			Limits of Insurance
Accounts Receivable:			
On Described Premises	\$		Each Described Premises, Per Occurrence
		100,000	
Off Described Premises	\$	5,000	Not At Described Premises, Per
			Occurrence
Automatic Increase in Insurance:			
Building			2%
Business Personal Property			4%
Brands And Labels	\$	25,000	Per Occurrence
Business Income From Dependent Properties	\$	100,000	Per Occurrence
Computer Fraud	\$	25,000	Per Occurrence
Contractual Penalties	\$	25,000	Annual Aggregate
Damage To Building From Theft	\$		Per Occurrence
		5,000	
Debris Removal:			
Covered Property	\$	25,000	Each Described Premises, Per Occurrence
Other Than Covered Property	\$	25,000	Per Occurrence
Electronic Data	\$	50,000	Annual Aggregate
Employee Dishonesty	\$	25,000	Per Occurrence
False Pretense	\$	1,500	Per Occurrence
Fine Arts	\$	25,000	Each Described Premises
Fire Department Service Charge	\$	25,000	Per Occurrence
Fire Extinguisher Systems Expense	\$	10,000	Per Occurrence
Forgery Or Alteration	\$	25,000	Per Occurrence
Foundations And Underground Pipes	\$	100,000	Per Occurrence
Interruption Of Computer Operations	\$	25,000	Annual Aggregate
Inventory And Appraisal Expense	\$	10,000	Per Occurrence
Leasehold Interest –	_		5 0
Undamaged Improvements And Betterments	\$	50,000	Per Occurrence
Mobile Equipment	\$	25,000	Per Occurrence
Money And Securities:	,	40.000	Day 0
On Described Premises	\$	10,000	Per Occurrence
Off Described Premises	\$	5,000	Per Occurrence
Money Orders And Counterfeit Paper Currency	\$	1,500	Per Occurrence
Newly Acquired Or Constructed Property:	φ.	1 000 00	Fool Building
Buildings	\$		Each Building
Pusings Darganal Property	Φ	500,000	Each Building
Business Personal Property	\$	500,000	Each Building
Fine Arts	Ф	10,000	Per Occurrence
Ordinance Or Law:  Machinery and Equipment	\$	Include	ed in Property Limit
Demolition Cost	\$	250,000	Per Occurrence
Increased Cost Of Construction	\$	250,000	Per Occurrence
Loss to the Undamaged Portion of the Building	\$	250,000	Per Occurrence
Loss to the origaniaged Fortion of the Building	Ψ	230,000	i di Occuitatica

Additional Coverages and Coverage Extensions		Limits of Insurance
Outdoor Property:		
Fences/Retaining Walls	\$ 10,000	Per Occurrence
Antennas	\$ 10,000	Per Occurrence
Outdoor Signs	\$ 5,000	Per Occurrence
Personal Effects	\$ 10,000	Each Described Premises
		Annual Aggregate at Each Described
Pollutant Clean Up And Removal	\$ 25,000	Premises
Property In Transit	\$ 50,000	Per Occurrence
Property Off-Premises	\$ 100,000	Per Occurrence
Reward Payment:		
Information	\$ 10,000	Per Person, Per Occurrence
Stolen Covered Property	\$ 10,000	Per Person, Per Occurrence
Transit Business Income	Ir	ncluded in Business Income Limit
Trees, Shrubs And Plants:	\$ 2,500	Any One Tree, Shrub or Plant
	\$ 25,000	Per Occurrence
Underground Water And Backup Of Sewer And Drain	\$ 25,000	Per Occurrence
Utility Services – Direct Damage	\$ 25,000	Per Occurrence
Utility Services – Time Element	\$ 25,000	Per Occurrence
Valuable Papers And Records	,	
(Other Than Electronic Data)	\$ 150,000	Each Described Premises
Valuable Papers And Records		
(Other Than Electronic Data) - Off Premises	\$ 25,000	Per Occurrence

### Property Basket Coverage Endorsement Supplement Schedule - Basic



This Schedule is used in conjunction with the Commercial Property Coverage Part Declarations when the Commercial Property Coverage Part includes the Property Basket Coverage Endorsement. This Schedule supplements the Commercial Property Coverage Part Declarations.

Additional Coverages and Coverage Extensions		Limits of Insurance
Accounts Receivable:		
On Described Premises	\$ 100,000	Each Described Premises, Per Occurrence
Off Described Premises	\$ 5,000	Not At Described Premises, Per Occurrence
Automatic Increase in Insurance:		·
Building		2%
Business Personal Property		4%
Brands And Labels	\$ 25,000	Per Occurrence
Business Income From Dependent Properties	\$ 25,000	Per Occurrence
Computer Fraud	\$ 25,000	Per Occurrence
Contractual Penalties	\$ 25,000	Annual Aggregate
Damage To Building From Theft	\$ 5,000	Per Occurrence
Debris Removal:		
Covered Property	\$ 25,000	Each Described Premises, Per Occurrence
Other Than Covered Property	\$ 25,000	Per Occurrence
Electronic Data	\$ 25,000	Annual Aggregate
Employee Dishonesty	\$ 25,000	Per Occurrence
False Pretense	\$ 1,500	Per Occurrence
Fine Arts	\$ 25,000	Each Described Premises
Fire Department Service Charge	\$ 10,000	Per Occurrence
Fire Extinguisher Systems Expense	\$ 10,000	Per Occurrence
Forgery Or Alteration	\$ 25,000	Per Occurrence
Foundations And Underground Pipes	\$ 100,000	Per Occurrence
Interruption Of Computer Operations	\$ 25,000	Annual Aggregate
Inventory And Appraisal Expense	\$ 10,000	Per Occurrence
Leasehold Interest –		
Undamaged Improvements And Betterments	\$ 50,000	Per Occurrence
Mobile Equipment	\$ 25,000	Per Occurrence
Money And Securities:		
On Described Premises	\$ 10,000	Per Occurrence
Off Described Premises	\$ 5,000	Per Occurrence
Money Orders And Counterfeit Paper Currency	\$ 1,500	Per Occurrence
Newly Acquired Or Constructed Property:		
Buildings	1,000,000	Each Building
Business Personal Property	\$ 500,000	Each Building
Fine Arts	\$ 10,000	Per Occurrence
Ordinance Or Law:		
Machinery and Equipment	\$ Include	ed in Property Limit
Demolition Cost	\$ 100,000	Per Occurrence
Increased Cost Of Construction	\$ 100,000	Per Occurrence
Loss to the Undamaged Portion of the Building	\$ 100,000	Per Occurrence
Outdoor Property:		
Fences/Retaining Walls	\$ 10,000	Per Occurrence
Antennas	\$ 10,000	Per Occurrence
Outdoor Signs	\$ 5,000	Per Occurrence

Additional Coverages and Coverage Extensions		Limits of Insurance
Personal Effects	\$ 10,000	Each Described Premises
		Annual Aggregate at Each Described
Pollutant Clean Up And Removal	\$ 25,000	Premises
Property In Transit	\$ 25,000	Per Occurrence
Property Off-Premises	\$ 25,000	Per Occurrence
Reward Payment:		
Information	\$ 10,000	Per Person, Per Occurrence
Stolen Covered Property	\$ 10,000	Per Person, Per Occurrence
Transit Business Income	\$	Included in Business Income Limit
Trees, Shrubs And Plants:	\$ 2,500	Any One Tree, Shrub or Plant
	\$ 25,000	Per Occurrence
Underground Water And Backup Of Sewer And Drain	\$ 25,000	Per Occurrence
Utility Services – Direct Damage	\$ 10,000	Per Occurrence
Utility Services – Time Element	\$ 10,000	Per Occurrence
Valuable Papers And Records		
(Other Than Electronic Data)	\$ 100,000	Each Described Premises
Valuable Papers And Records		
(Other Than Electronic Data) – Off Premises	\$ 5,000	Per Occurrence

Company Tracking Number: CW ML 28033

TOI: 01.00 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied

Lines)

Product Name: Property Basket Coverage Endorsement, Supplemental Schedule, Rules and Rating Plan

Project Name/Number: /CW ML 28033

### **Rate Information**

Rate data does NOT apply to filing.

Company Tracking Number: CW ML 28033

TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied

Lines)

Product Name: Property Basket Coverage Endorsement, Supplemental Schedule, Rules and Rating Plan

Project Name/Number: /CW ML 28033

### **Supporting Document Schedules**

**Review Status:** 

Satisfied -Name: Uniform Transmittal Document- Approved 12/10/2008

Property & Casualty

Comments:

Attachment:

AR Uniform Transmittal Final.pdf

**Review Status:** 

Satisfied -Name: MEMO Approved 12/10/2008

Comments:

Attachment:

Form Explanatory Memorandum.pdf

### **Property & Casualty Transmittal Document**

1.	<b>Reserved for Insurance</b>	2. I	nsur	rance Departm	ent l	Use only			
	Dept. Use Only  a. Date the filing is received:								
		b. A	Analy	yst:					
	c. Disposition:								
	d. Date of disposition of the filing:								
		e. Effective date of filing:							
			Ne	ew Business					
			Re	newal Business					
				Filing #:					
				FF Filing #:					
		h. S	Subje	ect Codes					
3.	Group Name								Group NAIC #
	Zurich North America								212-
4.	Company Name(s)			Domicile	NA	AIC#	FEIN:	#	State #
	American Zurich Insurance Cor			Illinois		2-40142	36-314		
	American Guarantee & Liability	y Insurance	e	New York	212	2-26247	36-607	1400	
	Company			T11' '	016	10256	26.070	1000	
	Zurich American Insurance Cor Illinois	npany of		Illinois	212	2-19356	36-278	1080	
	Zurich American Insurance Cor	nnany		New York	213	2-16535	36-423	3459	
	Fidelity & Deposit Company of			Maryland		2-39306	13-304		
l l									
5.	Company Tracking Number		CW	V ML 28033					
5.	Company Tracking Number	to Officer		V ML 28033	num	harl			
Cor	ntact Info of Filer(s) or Corpora		<b>(s)</b>	[include toll-free			#		o-mail
	ntact Info of Filer(s) or Corpora Name and address	Title	<b>(s)</b>	[include toll-free		FAX		shieri	e-mail
Cor	ntact Info of Filer(s) or Corpora	<b>Title</b> Filing	<b>(s)</b>	[include toll-free					ra.1.avila@zurichn
Cor	ntact Info of Filer(s) or Corpora Name and address	Title	<b>(s)</b>	[include toll-free		FAX		shieri a.con	ra.1.avila@zurichn
Cor	ntact Info of Filer(s) or Corpora Name and address	<b>Title</b> Filing	<b>(s)</b>	[include toll-free		FAX			ra.1.avila@zurichn
Cor 6.	ntact Info of Filer(s) or Corpora  Name and address  Shierra Avila	<b>Title</b> Filing	<b>(s)</b>	Telephone # 847-706-2956	ŧs	FAX 866-556-73			ra.1.avila@zurichn
Cor	ntact Info of Filer(s) or Corpora Name and address	<b>Title</b> Filing	<b>(s)</b>	[include toll-free	ŧs	FAX 866-556-73			ra.1.avila@zurichn
Cor 6.	ntact Info of Filer(s) or Corpora  Name and address  Shierra Avila	Title Filing Analyst	<b>(s)</b>	Telephone # 847-706-2956	ŧs	FAX 866-556-73			ra.1.avila@zurichn
7.	ntact Info of Filer(s) or Corpora Name and address Shierra Avila Signature of authorized filer	Title Filing Analyst	r(s)	[include toll-free <b>Telephone #</b> 847-706-2956	#s	FAX 866-556-73			ra.1.avila@zurichn
7.	Name and address Shierra Avila Signature of authorized filer	Title Filing Analyst	ns fo	[include toll-free <b>Telephone #</b> 847-706-2956	#s	FAX 866-556-75			ra.1.avila@zurichn
7. 8.	Name and address Shierra Avila Signature of authorized filer Please print name of authorized filer Type of Insurance (TOI) Sub-Type of Insurance (Sub-Type of In	Title Filing Analyst  zed filer (Instruction	ns fo	[include toll-free Telephone # 847-706-2956 Shierra Avila or descriptions of	f the	FAX 866-556-75	558	a.con	ra.1.avila@zurichn
7. 8. Fili	Name and address Shierra Avila Signature of authorized filer Please print name of authorized In the second of the	Title Filing Analyst  zed filer Instruction (if	ns fo	[include toll-free  Telephone #  847-706-2956  Shierra Avila or descriptions or mercial Fire/Pro	f the	FAX 866-556-75	558	a.con	ra.1.avila@zurichn
7. 8. Fili 9. 10.	Name and address Shierra Avila Signature of authorized filer Please print name of authorized Type of Insurance (TOI) Sub-Type of Insurance (Sub-Type State Specific Product code(s) applicable)[See State Specific Require	Title Filing Analyst  zed filer [Instruction TOI) (if rements]	ns fo	[include toll-free  Telephone #  847-706-2956  Shierra Avila or descriptions or mercial Fire/Pro	f the	FAX 866-556-75	558	a.con	ra.1.avila@zurichn
7. 8. Fili 9.	Name and address Shierra Avila Signature of authorized filer Please print name of authorized In the second of the	Title Filing Analyst  zed filer [Instruction TOI) (if rements]	ns fo	[include toll-free  Telephone #  847-706-2956  Shierra Avila or descriptions or mercial Fire/Pro	f the	FAX 866-556-75	558	a.con	ra.1.avila@zurichn
7. 8. Fili 9. 10.	Name and address Shierra Avila Signature of authorized filer Please print name of authorized filer Type of Insurance (TOI) Sub-Type of Insurance (Sub-Toduct code(s) applicable)[See State Specific Required Company Program Title (Mark	Title Filing Analyst  zed filer [Instruction TOI) (if rements]	ns fo Con	[include toll-free  Telephone #  847-706-2956  Shierra Avila or descriptions or mercial Fire/Pro	f the perty (I	FAX 866-556-75 ese fields)	558	a.con	ra.1.avila@zurichn
7. 8. Fili 9. 10. 11.	Name and address Shierra Avila Signature of authorized filer Please print name of authorized Inginformation (see General Ingular Type of Insurance (TOI) Sub-Type of Insurance (Sub-Type of Insurance (Sub-Typ	Title Filing Analyst  zed filer [Instruction TOI) (if rements]	ns fo Con	Shierra Avila or descriptions of mercial Fire/Pronmercial Proper	f the perty (I	FAX 866-556-75 see fields)	ied Line	a.com	ra.1.avila@zurichn
7. 8. Fili 9. 10. 11.	Name and address Shierra Avila Signature of authorized filer Please print name of authorized Inginformation (see General Ingular Type of Insurance (TOI) Sub-Type of Insurance (Sub-Type of Insurance (Sub-Typ	Title Filing Analyst  zed filer [Instruction TOI) (if rements]	ns fo Con Con	Shierra Avila or descriptions of mercial Fire/Pronmercial Proper	f the perty (I	FAX 866-556-73  See fields)  Fire and All  Rules Rules Rules Rules Rules Rules	ied Line	a.com	ra.1.avila@zurichn
7. 8. Fili 9. 10. 11.	Name and address Shierra Avila Signature of authorized filer Please print name of authorized Inginformation (see General Ingular Type of Insurance (TOI) Sub-Type of Insurance (Sub-Type of Insurance (Sub-Typ	Title Filing Analyst  zed filer [Instruction [TOI] (if rements]	ns fo Con Con	Shierra Avila or descriptions or mercial Fire/Pronmercial Proper	f the perty (I	FAX 866-556-73  See fields)  Fire and All  Rules Rules Rules Rules Rules Rules	ied Line	a.com	ra.1.avila@zurichn

	Property & Casua	alty Transmittal Document
15.	Reference Filing?	Yes X No
16.	Reference Organization (if applicable)	N/A
17.	Reference Organization # & Title	N/A
18.	Company's Date of Filing	12/09/2008
19.	Status of filing in domicile	☐ Not Filed X Pending ☐ Authorized ☐ Disapproved
20.	This filing transmittal is part of Company	Tracking # CW ML 28033
21.	Filing Description [This area can be used in li	teu of a cover letter or filing memorandum and is free-form text]
This is The F premisendor  The F select  This is risks.	new program contains two schedules, the Basic Lim Basic Limit Option replaces the old Commercial Pro ium constraint. The Basic Limit Option will have n rement. Plus Limit Option is a new coverage option that cont it coverages.  product was created to provide two options for cove The coverage endorsement attaches to the ISO Bui	nit Option and the Plus Limit Option. Sperty Basket Filing. The Basic Limit Option will remove the maximum or impact on current insureds as we no longer have policies with the stains similar coverages as the Basic Limit Option but it has higher limits for strages that are commonly elected by commercial insureds with property ilding and Personal Property Coverage form, Causes of Loss Special Form
and B	Business Income and Extra Expense Coverage form	(if BI&EE is purchased).
	Filing Fees (Filer must provide check # and f [If a state requires you to show how you calcumeck #: mount:	ree amount if applicable) ulated your filing fees, place that calculation below]

\*\*\*Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

Refer to each state's checklist for additional state specific requirements or instructions on calculating

fees.

## These pages are informational only and do not need to be submitted with your filings!

### Notes for Uniform Property & Casualty Transmittal Document

## DESCRIPTION OF ITEMS IN THE PROPERTY AND CASUALTY TRANSMITTAL DOCUMENT

- **1. Reserved for Insurance Dept. Use Only**—this section is for anything the Dept. wishes to capture—such as date stamps, approval stamps, check routing numbers, accounting codes, etc.
- **2. Insurance Department Use Only Box:** Includes the following information: (It is up to the state to determine which, if any, of this info they wish to record—or it may be recorded in #1 box with stamps (for example))
  - a. Date the filing is received by the Insurance Dept.
  - b. Analyst—lead analyst who reviewed the filing and assigns final disposition
  - **c. Disposition**—this is the disposition that the Dept. assigns—authorized, approved, filed, withdrawn, disapproved, informational only, etc.
  - d. Date of Disposition of the filing—date filing is finished
  - **e.** Effective Date of the Filing-date the filing goes into effect. This date may vary by state—it might be the "approval" date in some states. It might be the implementation date in some states. It might be the received date in some states. The Dept. should use the date that is applicable in their state.
  - **f. State Filling #:** The number the state assigns to the filing (if applicable).
  - **g. SERFF Filing #:** Some states may use SERFF to track paper filings and will use that SERFF assigned number.
  - **h. Subject Codes** This field is intended to capture one or more Subject Codes for states to track particular attributes of a filing, such as mold exclusions. The codes or terms used would be variable by state.
- 3. Group Name and Group NAIC # as assigned by NAIC.
- **4. Company Name(s), State of Domicile, NAIC** #, **FEIN#, State** #: Every company to which this filing applies must be listed and the company information must be supplied, with the exception of the State # (the company specific code) if not available or not required by the filing jurisdiction. A filing that lists a group without supplying company info will not be accepted in most states.
- 5. Company Tracking Number: The filing number assigned by the insurance company, if any.
- **6. Contact Info of Filer or Corporate Officer:** The company should supply the information on the person the state should contact if there is a question/problem with the filing. If there is more than one person (perhaps, one for rates, one for forms) then both should be listed.
- **7. Signature of authorized filer:** Some states require a signature of the authorized filer. If the filer is third party, a letter of authorization from the insurer must be submitted according to state requirements.
- **8. Please print name of authorized filer:** So we can decipher #7 above!
- **9. Type of Insurance (TOI):** Refer to Uniform Property & Casualty Product Coding Matrix. This corresponds to the column entitled "SERFF Type of Insurance" and roughly corresponds to the annual statement line of business.
- **10**. **Sub-type of Insurance** (**Sub-TOI**): Refer to Uniform Property & Casualty Product Coding Matrix). This corresponds to the column entitled "SERFF Sub-Type of Insurance".
- 11. State Specific Product code(s): See State Specific Requirements for these codes
- 12. Company Program Title: Marketing title, if applicable.
- 13. Filing Type: Choices are Rate/Loss Cost; Rules; Rates/Rules; Forms; Withdrawal; Other.

- **14. Effective Date Requested:** This is the effective date the company requested when they made the filing. It is not necessarily the date the filing officially becomes effective. This is also where the company can indicate the different effective dates for new or renewal business.
- **15. Reference Filing:** Yes/No
- **16. Reference Organization** (**if applicable**): The name of the advisory organization—i.e. ISO, NCCI, AAIS, etc. or an Insurance Company name if "me too filing" is permitted. Some states allow companies to reference another company's filing. A "me too" filing is when one company adopts another company's filing. Usually they are not part of the same group. You should check with each state to determine their rules on these filings. If permitted, use this area to indicate either an advisory organization name or "me too" company name.
- **17. Reference Organization Number & Title (if applicable):** This is the unique number that the reference organization gives to the filing. It is generally not the same number as the circular number.
- 18. Company's Date of filing: The date the company sends the filing.
- 19. Status of filing in domicile: Place for the company to show if filing has been filed in domicile and its status.
- **20.** This filing transmittal is part of Company Tracking #: This ties all of the pages of the transmittal to the same filing. It is helpful for the state.
- 21. Filing Description: This area can be used in lieu of a cover letter or filing memorandum and is free-form text.
- **22. Filing Fees:** Please refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

Effective January 1	. 2004
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16. Form Filing	Attachment
This filing transmittal is part of company tracking number	
This filing corresponds to rate filing company tracking number	

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
#1	Property Basket Coverage Endorsement Supplement Schedule - Plus	U-GU-D-640-A CW (10/08)		
# 2	Property Basket Coverage Endorsement Supplement Schedule - Basic	U-GU-D-635-B CW (10/08)	☐ Initial ☐ Revised ☑ Other <u>Replacement</u>	U-GU-D-635-A CW (04/05) AR-PC-05-015381
#			☐ Initial ☐ Revised ☐ Other	
#			☐ Initial ☐ Revised ☐ Other	
#			☐ Initial ☐ Revised ☐ Other	
#			☐ Initial ☐ Revised ☐ Other	
#			☐ Initial ☐ Revised ☐ Other	
#			☐ Initial ☐ Revised ☐ Other	

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We are submitting revised U-GU-D-635-B CW 1008 Property Basket Coverage Endorsement Supplemental Schedule – Basic and new U-GU-D-640-A CW 1008 Property Basket Coverage Endorsement Supplemental Schedule – Plus.

The previous A version of U-GU-D-635 was filed with the ability to purchase higher limits for certain coverages. We have removed that ability. Now, the applicant will choose between two coverages – the Basic or Plus options.

The Plus option contains all of the coverages in the Basic with higher limits for:

- Business Income from Dependent Properties
- Electronic Data
- Fire Department Service Charge
- Ordinance or Law Coverages
- Property In Transit
- Property Off-Premises
- Valuable Papers And Records (Other Than Electronic Data)
- Valuable Papers And Records (Other Than Electronic Data) Off Premises

Upon approval, the previous U-GU-D-635-A CW 0405 Property Basket Coverage Endorsement Supplemental Schedule will be replaced.